

EXTENSIONS OF REMARKS

PERSONAL EXPLANATION

HON. MICHAEL G. OXLEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2006

Mr. OXLEY. Mr. Speaker, I was absent from the House floor during today's votes on H.R. 3085, regarding the Trail of Tears National Historic Trail; H.R. 3496, the National Capital Transportation Amendments Act; and H.R. 3729, the Federal Judiciary Emergency Tolling Act.

Had I been present, I would have voted in favor of each bill.

**CELEBRATING NURSING AND
KHALIL KHOURY, MSC PHARM,
BSN, RN**

HON. LOIS CAPPS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2006

Mrs. CAPPS. Mr. Speaker, as a Member of Congress who is a registered nurse and cares deeply about fostering dialogue between Arabs and Israelis, I wanted to share an inspiring story that appeared in the July 2006 issue of the American Journal of Nursing. Khalil Khoury, MScPharm, BSN, RN is head nurse of an internal medicine unit at Hadassah University Medical Center in Jerusalem where Prime Minister Ariel Sharon was treated in December 2005. At a time of such hopelessness and extraordinary tensions between Palestinians and Israelis, Khalil's story provided me with a little bit of hope and optimism that all is not lost in the Middle East. I urge my colleagues to take note of this story and hope it instills that same bit of hope in you.

[From the American Journal of Nursing,
July 2006]

**THE HOSPITAL AS SANCTUARY: AN ARAB
NURSE WHO CARED FOR ISRAEL'S STRICKEN
PRIME MINISTER**

(By Khalil Khoury)

I am head nurse on a unit known as Internal Medicine A at Hadassah University Medical Center in Jerusalem. This is where former prime minister Ariel Sharon was admitted for several days after a minor stroke on December 18, 2005. (He subsequently suffered a major cerebral accident on January 5, 2006, from which he has not recovered.) During his first hospitalization, my staff of Arab and Jewish nurses cared for him in an atmosphere of mutual respect—a sharp contrast to life outside of the hospital walls.

Internal Medicine A is a microcosm of Israel. Of 40 nurses under my supervision—all Israelis—one-third of us are Christian or Muslim Arabs and the rest are Jews. Yet we work together as a harmonious unit, an approach that is the basis for the humane way we treat our patients. I think of my workplace as an island of sanity within the insanity that surrounds us. As an Israeli citizen, I have the same rights as Jewish Israelis, but

when security guards at a shopping center or coffee shop see me or hear me speaking Arabic to a companion, they demand to see my identification and search my bag more thoroughly than those of others. My professional accomplishments, my integration into Israeli society, my triumphs over the odds against Arabs in my country—none of this matters.

I was born in Haifa in 1971, and my parents—a construction worker and a housewife—raised me to respect humankind, to accept others and to help them. This led me to nursing, but my career choice was also a practical decision. Because they are perceived as security risks, Israeli Arabs can get jobs in nursing more easily than they can in other fields, such as high tech or the military. I enrolled at the Hadassah-Hebrew University School of Nursing in Jerusalem in 1992; when I graduated in 1996, I immediately went to work as an RN on Internal Medicine A. I was named head nurse in 2001.

When the prime minister was assigned to our department, there was considerable media excitement. "The team that treats prime minister Sharon includes Arabs," commentators proclaimed. Given the political situation in Israel, the presence of Arabs on the treatment team was considered exceptional. Yet inside the hospital, we performed our duties exactly as we would for any patient. The only substantive difference was the necessity of accommodating the prime minister's security staff in an adjoining patient room with a connecting door and the political staff in one of our two doctors' lounges. We cared for the prime minister and prepared and administered his medications, including injections, all without interference from the bodyguards who were at the bedside around the clock.

I learned about my own prejudices from the experience of being one of Sharon's nurses. Before meeting him during his first hospitalization in 2005, I would have described him as tough, formal, distant, and not very nice, based on his public image. But he turned out to be pleasant and polite in conversation; without his bodyguards and political retinue, he would have been considered simply a nice old man.

I don't see Sharon as my enemy, although Israel does not always see Arabs as friends. Fighting stereotypes is what I do almost every day, whether it is prejudice aimed at me as a man in a traditionally woman's profession or as an Arab living and working in Israel. I am helped in this by the principles of nursing, which emphasize patience and tolerance toward others, without regard to race, religion, sex, or nationality. This is how I was raised, and working at Hadassah has strengthened my commitment to these values.

PERSONAL EXPLANATION

HON. ROBERT E. ANDREWS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2006

Mr. ANDREWS. Mr. Speaker, I regret that, due to transportation problems, I missed 3 votes on July 17, 2006. Had I been present I would have voted "yea" on H.R. 3085, to

amend the National Trails System Act to update the feasibility and suitability study originally prepared for the Trail of Tears National Historic Trail and provide for the inclusion of new trail segments, land components, and campgrounds associated with that trail, and for other purposes; "yea" on H.R. 3496, the National Capital Transportation Amendments Act of 2005; and "yea" on H.R. 3729, the Federal Judiciary Emergency Tolling Act of 2005.

CFIUS

HON. MICHAEL G. OXLEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 18, 2006

Mr. OXLEY. Mr. Speaker, recognizing the importance of America's longstanding free trade policies and the many benefits of direct foreign investment in our country, I commend to the attention of my colleagues this excellent Wall Street Journal piece by Douglas Holtz-Eakin.

Mr. Holtz-Eakin rightly notes that congressional overreaction in the area of CFIUS reform would do great harm to our economy and result in protectionist retaliation by our trading partners.

[From the Wall Street Journal, Jul. 13, 2006]

YOU CAN'T BE CFIUS

(By Douglas Holtz-Eakin)

The ongoing legislative effort to reform the Committee on Foreign Investment in the United States (CFIUS) has suddenly been put on the fast track. In particular, Senate Banking Committee Chairman Richard Shelby is asking for unanimous consent by the full Senate to vote on his bill with no debate over whether key provisions are in the national interest. Unfortunately, there is a big downside risk in precipitous action.

Earlier this year, international investors looked askance when an acquisition—the purchase by Dubai Ports World (DPW) of Peninsular and Oriental Steam Navigation Company (P&O)—dissolved into political controversy because the deal included terminal operations at a number of U.S. ports. Yet even though this impasse came on the heels of heavy-handed congressional interference in Chinese National Offshore Oil Corporation's proposed purchase of American oil company Unocal, hope remained that this was all a brief departure from the U.S. tradition of open international investment.

Hope took a hit in the solar plexus last month during the Senate debate over the U.S.-Oman free trade agreement. Sen. Byron Dorgan objected to an obscure provision covering "land-side aspects of port activities," arguing that it would obligate the U.S. to turn over to Omani interests the same kind of port operations that were disputed in the DPW affair. The Oman agreement ultimately was approved by the Senate. But the eagerness of politicians to play the DPW card bodes ill for the future.

Congress may not appreciate what is at stake. Far from being in continuous conflict, open capital markets and national security support one another. A strong economy is

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